

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011095

STATE FILE NUMBER

2397

FILED MAR 30 1959

Registration District No.

Primary Registration District No.

Registrar's No.

300

1-57

25

38

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Olivette</u> <u>4380</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>1112 Elbring Dr.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Emil Phillip Christopher Klein</u>		4. DATE OF DEATH Month Day Year <u>Mar. 6, 1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 9, 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railway mail clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Government</u>	9. AGE (In years last birthday) <u>74</u>
11. BIRTHPLACE (City and state or country) <u>Olivette, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Klein</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Mild</u>	
14. NAME OF HUSBAND OR WIFE <u>Nellie Klein</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT <u>Devereux E. Klein, 9359 Olive St. Rd.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>metastatic carcinoma of bones</u> <u>carcinoma of prostate (Primary)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>carcinoma of prostate (primary)</u> DUE TO (c) <u>177X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>app 2 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT SUICIDE HOMICIDE <u>Acc 926 Pl.</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>July 25-58</u> to <u>March 6-59</u> and last saw him alive on <u>January 6-1959</u> Death occurred at <u>10:- p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John J. Hammond</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>634 N. Grand</u>	
22c. DATE SIGNED <u>3/7/59</u>		23. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3-9-1959</u>	
24. FUNERAL DIRECTOR <u>Baumann Bros. Inc. Overland, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 9 '59</u>	
26. REGISTRAR'S SIGNATURE <u>Count Smith. M.D.</u>		27. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 19

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.